

EXHIBIT E

Immanuel  St. Joseph's
M a y o H e a l t h S y s t e m

**CONSENT TO PARTICIPATE IN PATIENT CARE TECHNOLOGIES,
INC./**

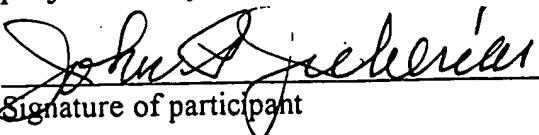
**IMMANUEL ST. JOSEPH'S - MAYO HEALTH SYSTEM
CONGESTIVE HEART FAILURE PROJECT**

Patient Care Technologies, Inc. (see attachment), and Immanuel St. Joseph's - Mayo Health System are collaborating in a project to determine if computer technology can be used by people in their homes to monitor the medication usage and help educate people about their medical condition.

Participants in this project will incur no expenses with this project. A computer will be installed during this project and removed when the project is over. The project will last approximately eight (8) weeks. A registered nurse will contact participants on a routine basis. All information about this project is confidential. Prescribed medications and medical information can be released among the Mankato Clinic, Ltd., Patient Care Technologies, and Immanuel St. Joseph's - Mayo Health System. This form does not authorized redisclosure of medical information beyond the limits of this consent.

The computer system used in this project is being tested to see if it helps monitor medication usage and helps educate people about their medical condition. It is NOT linked to emergency responders and does NOT substitute for calling 911 if you have an emergency.

I agree to participate in this project. I understand that I can withdraw from this project at any time.



Signature of participant

Date



Signature Authorized Representative
of Immanuel-St. Joseph's Mayo Health System

Date

Immanuel  St. Joseph's
Mayo Health System

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Wendee Wessman
Signature of participant

_____ Date

Anne Wright
Signature Authorized Representative
of Immanuel-St. Joseph's Mayo Health System

_____ Date